

**CITY OF ST. CHARLES**  
**TWO EAST MAIN STREET**  
**ST. CHARLES, ILLINOIS 60174-1984**



**DEPARTMENT: BUILDING & CODE ENFORCEMENT**

**PHONE: 630.377.4406**

**FAX: 630.443.4638**

**LOUDSPEAKER/AMPLIFIER LICENSE APPLICATION**

**Important: this application must be fully and accurately complete.**

1. License term: FROM \_\_\_\_\_ TO \_\_\_\_\_ Number of Days \_\_\_\_\_

2. Applicant is:  Corporation  Partnership  Individual

3. Applicant's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

D/B/A \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

4. Device Owner's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

5. Device(s) to be used, specific to power amplification (wattage) and output:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Area where device(s) is/are to be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Amplification system will be used for:

- Music
- Public Speaking
- Other (describe) \_\_\_\_\_

8. If used for music, what type (include name of artist/band if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Time of day device(s) is/are to be used: \_\_\_\_\_

By signing this application, the applicant agrees to all the provisions of Chapter 9.24 of the City of St. Charles Municipal Code.

Applicant \_\_\_\_\_  
Signature \_\_\_\_\_

The fee for such a license will be \$5.00 per day, payable when the application is submitted for review. The city's police chief will reserve the right to review the application, and in conjunction with the Public Health and Safety Committee, either approve or deny the license request.

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

by: \_\_\_\_\_  
Chief of Police

**For Office Use**

Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_ Permit No. \_\_\_\_\_